

PRIOR AUTHORIZATION DENIAL LETTER

Date: January 12, 2024

Case ID: PA-2024-004

AUTHORIZATION DENIED - MISSING DOCUMENTATION

Dear Dr. James Thompson,

This letter is to inform you that the prior authorization request has been DENIED due to incomplete documentation.

PATIENT INFORMATION

Name: Lisa Wilson

Member ID: INS2024004

Date of Birth: 04/09/1980

Insurance: Standard Coverage

REQUESTED PROCEDURE

Procedure: Colonoscopy

CPT Code: 45378

Diagnosis: Screening for colon cancer

ICD-10 Code: Z12.11

Requested Amount: \$1,200.00

REASON FOR DENIAL

The following required documentation is MISSING:

- 1. Documentation of prior colonoscopies**
- 2. Dates of previous colonoscopy procedures**

Per clinical guidelines, we require documentation of any previous colonoscopy procedures and their dates to determine the appropriate screening interval and medical necessity for this procedure.

NEXT STEPS

To proceed with this authorization request, please submit:

- Records of all prior colonoscopy procedures
- Exact dates of previous colonoscopies
- Pathology reports from previous procedures (if applicable)

Once the required documentation is received, we will re-evaluate this authorization request within 48 hours.